



Vendor Compliance Determination Form

Letter Needed? ☐ Letter Sent? ☐ Event Log Updated ☐
☐ Yes ☐ No CB Plan? ☐ Docs Scan/Loaded ☐

Vendor Information

Type of Store Supermarket (Peer A) ☐ Convenience Store (Peer C) ☐
Store Name: _____ **City:** _____ **Vendor No.** _____

Date of Activity: ____ / ____ / ____ **Buy Number:** _____

Type of investigation: ☐ Compliance Buy ☐ Inventory Audit ☐ Monitoring ☐ Other: _____

Store History

Date of last Training received: ____ / ____ / ____ Type: ☐ New ☐ Annual ☐ Interactive ☐ Special

Date of last Compliance investigation ____ / ____ / ____ Type: ☐ Compliance Buy ☐ Inventory Audit ☐ Monitoring ☐ Other

Avg monthly redemption \$: _____ High risk vendor: ☐ Yes ☐ No

Prior Violation/Sanction points: ☐ Yes ☐ No Existing Sanction Points (previous 12 mo): _____

Prior WIC/SNAP disqualification: ☐ Yes ☐ No

Other: _____

Violations

Violations found		Length of disqualification
1. Class I Violations:		
<input type="checkbox"/> Yes	1.1. Conviction of trafficking vouchers/ selling ammunition, ECT. / controlled substances in exchange for WIC FIs	Permanent
<input type="checkbox"/> Yes	1.2. One incident of trafficking	six (6) years
<input type="checkbox"/> Yes	1.3. One incident of the sale of alcohol, or tobacco products in exchange for WIC FIs.	three (3) years.
2. Class II Violations:		
<input type="checkbox"/> Yes	2.1. Claiming reimbursement for the sale of any WIC item that exceeds the store's documented inventory within specific timeframe	three (3) years.
<input type="checkbox"/> Yes	2.2. Two or more incidents of intentionally or unintentionally charging the State more for WIC foods than is permitted	three (3) years.
<input type="checkbox"/> Yes	2.3. Two or more incidents of WIC FIs received , transacted, or redeemed from outside of the authorized store location	three (3) years.
<input type="checkbox"/> Yes	2.4. Two or more incidents of charging for WIC foods not received by customer	three (3) years.
<input type="checkbox"/> Yes	2.5. Two or more incidents of providing credit or non food item(s) for WIC FIs	three (3) years.
<input type="checkbox"/> Yes	2.6. Two or more incidents of providing unauthorized foods including charging for foods purchased in excess of foods listed on WIC FIs	one (1) year.
Findings: 3. Class III Violations: Under sanction points		
<input type="checkbox"/> Yes	3.1. Contacting participant to recoup funds not reimbursed by WIC	10
<input type="checkbox"/> Yes	3.2. Improperly refusing to accept a WIC FIs from WIC Participant	10
<input type="checkbox"/> Yes	3.3. First incident of WIC FIs received , transacted, or redeemed from outside of the authorized store location	7
<input type="checkbox"/> Yes	3.4. Altering information on a WIC FIs	7
<input type="checkbox"/> Yes	3.5. Failure to submit information documentation within timeframe specified	5
<input type="checkbox"/> Yes	3.6. Selling out-of-date WIC foods	5
<input type="checkbox"/> Yes	3.7. Failure to maintain minimum stock of WIC foods	5
<input type="checkbox"/> Yes	3.8. Accepting or requiring signature on FIs without the purchase price filled in	5
<input type="checkbox"/> Yes	3.9. Failure to request WIC ID Folder from participant and to verify signature	5

☐ Yes 3.10. Charging sales tax on WIC purchase 5

Findings:	Continue Class III Violations: Under sanction points	Points
<input type="checkbox"/> Yes	3.11. Obtaining/using WIC vendor stamps from sources other than the State Agency	3
<input type="checkbox"/> Yes	3.12. Accepting WIC FIs that appear to be altered	3
<input type="checkbox"/> Yes	3.13. Failure to have participant enter purchase price on WIC FIs during transaction	3
<input type="checkbox"/> Yes	3.14. Requiring participants to purchase all foods listed on WIC FIs	3
<input type="checkbox"/> Yes	3.15. Failure to provide an itemized receipt for foods	3

To be added as of 10/1/2014

<input type="checkbox"/> Yes	3.16 First incident of intentionally or unintentionally charging the State more for WIC foods	10 (DQ on 2 nd)
<input type="checkbox"/> Yes	3.17 First incident of charging for WIC foods not purchased	10 (DQ on 2 nd)
<input type="checkbox"/> Yes	3.18 First incident of providing credit or non-food items on a WIC FIs (not Class I items)	10 (DQ on 2 nd)
<input type="checkbox"/> Yes	3.19 First incident of providing unauthorized foods or charging for foods purchased in excess of foods listed on WIC FIs	10 (DQ on 2 nd)
<input type="checkbox"/> Yes	3.20 Failure to train all staff and store representatives who work cash register on WIC procedures	5
<input type="checkbox"/> Yes	3.21 Charging WIC for Maine Bottle Bill deposits	3
<input type="checkbox"/> Yes	3.22 Requiring participants to purchase specific brands	3
<input type="checkbox"/> Yes	3.23 Allowing substitution of WIC food on FI for a WIC food not on FI	5
<input type="checkbox"/> Yes	3.24 Requiring participants to make a cash purchase	7

Other:

Termination of Agreement:

<input type="checkbox"/> Yes	1.1 Failure to maintain compliance with vendor selection criteria, including changes to selection criteria made during the Vendor Agreement period.
<input type="checkbox"/> Yes	1.2 Intentionally providing false information in the vendor application or price survey.
<input type="checkbox"/> Yes	1.3 A change to the store location by more than a short distance as determined by State Agency staff.
<input type="checkbox"/> Yes	1.4 A change in ownership of the Vendor by more than 50%.
<input type="checkbox"/> Yes	1.5 Cessation of operations of the authorized Vendor location.
<input type="checkbox"/> Yes	1.6 The State agency identifies a conflict of interest, as defined by applicable State laws, regulations and policies.
<input type="checkbox"/> Yes	1.7 Failure to stock any WIC-approved items in three or more of the WIC-approved food categories.
<input type="checkbox"/> Yes	1.8 Failure to attend mandatory vendor training.
<input type="checkbox"/> Yes	1.9 Nonpayment of a claim for documented overcharges to the Maine CDC WIC Nutrition Program.
<input type="checkbox"/> Yes	1.10 Failure to allow monitoring and inspection of the store premises and procedures to ensure compliance with the agreement and state and federal WIC Program rules, regulations, and policies. Monitoring and inspection includes, but is not limited to, allowance of access to WIC FIs/CVV's negotiated the day of monitoring, access to shelf price records and any other vendor records pertinent to the purchase of WIC supplemental food items.
<input type="checkbox"/> Yes	1.11 Failure to maintain inventory records used for federal tax reporting purposes; to maintain records in accordance with generally accepted accounting procedures; and to assure that records reflecting justification and receipt of WIC funds, FIs/CVV's and all other program-related records of the Vendor are available for inspection or audit by federal, state or other authorized personnel.
<input type="checkbox"/> Yes	1.12 Failure to cooperate with federal and state WIC Program and other authorized personnel during announced and unannounced on-site vendor reviews, inspections and audits.
<input type="checkbox"/> Yes	1.13 Failure to provide the Maine CDC WIC Nutrition Program with purchase invoices from wholesalers or receipts for WIC-approved products purchased from other retailers, when requested.
<input type="checkbox"/> Yes	1.14 Failure to meet minimum redemption requirements (no less than an average of 15 WIC FIs/CVV's or an average of \$200.00 in value of WIC FIs/CVV's redeemed per month averaged over the previous 12 months).
<input type="checkbox"/> Yes	1.15 The Vendor's prices have increased over the prices submitted in the Vendor's application or the most recent price list submitted, and such increase is not due to the inflation rate and/or other legitimate factors. If, within the fifteen (15) days, the Vendor can demonstrate that the prices have been lowered so as to not exceed the MRP established for the Vendor's assigned peer group, termination will not occur.
<input type="checkbox"/> Yes	1.16 During the course of routine monitoring the State agency determines that the Vendor derives more than 50% of their sales volume from WIC FIs.
<input type="checkbox"/> Yes	1.17 Failure to participate in the transition of WIC FIs from paper instruments to eWIC card.

Points Assessed: _____

Processor

WIC Nutrition Program Representative Signature

Date

Determination:

Sent letter after initial compliance investigation:

☐ Yes ☐ No

If No, how would you notice of first incident of violation compromise the investigation?

- ☐ Exposes the shopper identification when anonymity is important to this investigation
- ☐ Intentional conduct indicative of fraud; warning would not serve the function of correction of inadvertent error, but would allow this vendor to possibly escape sanction.
- ☐ Other: _____

If Yes, send letter for : ☐ Warning ☐ Violation(s), & **Total Points** _____ ☐ Inventory Audit
☐ In Compliance ☐ Termination of Agreement

Additional investigations scheduled? ☐ Yes ☐ No— Close investigation case

Proceed with: ☐ Compliance Buy ☐ Safe – Buy check description
☐ Short – Buy less than check description
☐ Exceed— purchase WIC foods in excess of food listed on check
☐ Exchange- WIC food for another WIC food not on check
☐ Minor Substitution- attempt to buy non-WIC foods
☐ Major Substitution – attempt to buy alcohol, or tobacco products
☐ Credit or non food item(s)– Get credit or non food item(s)
☐ Trafficking – exchange for cash, firearms, ammunition, explosives, or controlled substances

☐ Inventory Audit
☐ Monitoring
☐ Other: _____

Completed By

I Tina Bernier, of the Maine CDC, WIC Nutrition Program Vendor Unit, have determined that notifying this Vendor after the first incident would compromise and investigation of a pattern of misconduct by this Vendor.

Tina Bernier, WIC Nutrition Program Vendor and Data Services Manager Signature

Date